

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003687

1. Entity Name
BONDO FTW, INC.



Principal Place of Business
301 COMMERCE STREET
SUITE 3300
FORT WORTH, TX 76102 US

Mailing Address
301 COMMERCE STREET
SUITE 3300
FORT WORTH, TX 76102 US



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2166661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000143148
04/30/04-80080-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BONDERMAN, DAVID
STREET ADDRESS 301 COMMERCE STREET SUITE 3300
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE VAS
NAME O'BRIEN, JAMES J
STREET ADDRESS 301 COMMERCE STREET SUITE 3300
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE ST
NAME COTHAM, W R
STREET ADDRESS 301 COMMERCE STREET SUITE 3300
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. O'BRIEN

4-20-04

817-871-4000